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Die Heilung der durch Morphiumpgenuss verursachten Nervenzerrüttung und Willensschwäche. Dr. CONSTANTIN SCHMIDT. 2. Aufl. pp. 48. Berlin und Neuwied : Heuser, 1888.

Sudden dishabituatation has, in Dr. Schmidt's opinion, little to recommend it and very much to condemn it. The attempt to cure by substituting cocain is little better. His own plan is gradual reduction, with moral as well as physical treatment. On the psychic part—the rebuilding of the will and the preservation of self-respect—he lays much stress. His first aim is to reduce the amount to the least on which the patient can endure life, say 2–3 cgm. Relations of the utmost confidence between physician and patient are to be cultivated. Dr. Schmidt would not at once take away the patient's syringe, though he would urge the cessation of self-injection. He would not reduce so rapidly as to produce complete insomnia, and would allow a re-increase of dose when neuralgias, migraine, etc., appear. In the second stage, that of complete dishabituatation, cocain is an important help, and stimulants are to be used. After discharge the patient is not to be denied the therapeutic use of morphine, on condition, however, that he never administer it himself. The moral treatment must be prolonged after the physical treatment, and the patient shielded from nervous strain and overwork till returned to complete moral vigor. Dr. Schmidt asserts experience in support of his plan, though he does not give specific cases.

Die Selbstheilung der Morphiumsucht. "PROFESSOR CAROLUS." Berlin, 1889, pp. 15.

This pamphlet is the work of a musician who succeeded in breaking up his own morphine habit, and writes to encourage and point the way for others. His method is the simple one of gradual reduction of the dose, with regular weekly or fortnightly abstinences (which he considers of cardinal importance), carried out each time till the consequences become unbearable, and then relieved by a greatly reduced dose. The cure should be carried out with reports of progress from time to time to the family physician or some other, whose services will eventually be needed. A number of points of helpful physical and moral regimen are also mentioned. Such a cure would be well enough for those with determination enough to carry it out; the great difficulty, however, is that many have not the determination.

Morphinism. Dr. C. F. BARBER. Quarterly Journal of Inebriety, April, 1889.

The author discusses briefly the effect of morphine, and states his belief in the gradual reduction treatment, together with some particulars as to his method of procedure.

Ueber die Geistesstörungen des Senium. Prof. FÜRSTNER. Archiv f. Psychiatrie, Bd. XX, H. 2.

The basis of this study is furnished by 95 cases, all over 50 years of age, selected from a much larger number as distinctly senile. Hereditary predisposition could be traced in only 20 per cent, and rather as affecting the brain by way of the circulation than directly. The immediate occasion of the trouble may be change of long estab-

lished habits of work, removal from familiar and congenial circumstances, bodily disease, failure of the special senses, inebriety developed late in life, etc. The following table classifies the cases by forms of alienation :

Form of alienation,	No. of cases.	Cures.	Betterments.	Deaths.
Melancholia simplex.....	33	11	7	3
Melancholia agitata.....	18	5	2	4
Melancholia stupida.....	3	..	..	..
Mania.....	9	3	2	..
Paranoia (<i>Verrücktheit</i>) in more or less abortive form	7	3	..	..
Delirium (<i>Verworrenheit</i>)	11	6	1	2
Dementia senilis.....	5	..	..	..
Dementia, with organic brain changes	9	..	..	..

For the full description of these as influenced by age, the original must be consulted. It may be said in general, however, that the melancholias are almost always tinged with hypochondria. Simple melancholia is less deep and shows a tendency to remission. On the side of the will there is great weakness, with abrupt conclusions and violent acts. Suicide is attempted on insignificant occasion and without the customary warning in intensified depression. The movements in *melancholia agitata* are more unceasing than in younger patients. Mania was never in these cases free of intellectual defects, which showed themselves in a less copious flux of ideas, and in greater carelessness of consequences in action. Illusions, especially of hearing, are frequent, and their growth from simple subjective noises can often be followed. Their elaboration is generally incomplete, and never, in Fürstner's experience, reaches paranoia; the excitement and tendency to violence are also less. An important and apparently little considered form is a delirium with hallucinations. Atheromatous processes are important in its causation; the patients are persons that have led active and exciting lives with many excesses; there are prodromal headaches and oppression, light attacks of dizziness, constipation, icterus, insomnia, a lachrymose mood, irritability, failure of memory. Unlike other senile insanities, the disease begins in an acute attack, with extreme excitement, or after a spell of unconsciousness, and goes on rapidly to complete confusion and disorientation. In the production of these, illusions and hallucinations play an important rôle. The mood varies, but is generally depressive or anxious. There is compulsion to movement both purposeful and erratic, but less than in the *hallucinatorische Verworrenheit*, which it resembles in this initial stage. There are marked disturbances of circulation, and often of digestion, and cerebral symptoms that sometimes suggest meningitis, but these are transient. After this first period, which may last for weeks or months, a part of the cases slowly recover, others continue much longer, though without the motor feature; the chances of recovery are greater than in *melancholia agitata*. Its connection with the circulatory system is further shown by the beneficial effects of digitalis. General paralysis Fürstner considers doubtful after 60 years, and he has not found the associated disease of the cord which more and more appears to be a feature of that disease. In senile dementia the moral ideas seem of little stability; intellectual symptoms are generally not found pure, but appear combined or alternating with melancholia and mania.